## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814 (916) 322-5387



January 20, 1984

ALL-COUNTY LETTER NO. 84-13

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: GREEN v. OBLEDO: WORKSHEET

REFERENCE:

Attached is a worksheet for the above-referenced court decision, which has been reviewed by and amended in accordance with comments received from the Southern Counties Task Force (SCTF). We wish to thank SCTF for its review. Counties are to use either the attached worksheet or a modified version of the worksheet. Revisions to the worksheet will not be reviewed or approved by Department of Social Services (DSS). DSS does require, however, that all revisions incorporate all items on the state-designed worksheet. The format and wording are at county option.

The worksheet is divided into six sections, plus a summary sheet. Only the appropriate sections, as discussed in the instructions, must be completed for each claim; however, the summary sheet and Sections III-V must always be completed.

Counties are expected to reproduce sufficient quantities of the worksheet.

If there are questions please contact Merrie Koshell of the AFDC Program Development Bureau at (916) 322-5387.

KYKE S. McKINSEY

Deputy Director

Attachment

cc: CWDA

## GREEN v. OBLEDO: Summary

Clair	nant Name:		Aid Month:	
Case	Number:	C1	aim Month:	Month/Year
		•		Month/Year
1.	Maximum Aid Payment for Number		\$	
2.	Original Grant Paid (From Case Record or Case Reconstruction, Section VI)	cd.	\$	
3.	Original Net Earnings (From Case Recor Case Reconstruction, Section VI)	ord	\$	
		Yes	No	
4.	Case Reconstruction Required:			
Bring	the Following Figures Forward From	Appropriate	e Sections o	of the Worksheet:
1.	Retroactive Payment (Section IV, A.5.C, or B.3, or C.5,	or D.2)	\$	
2.	Interest (Section V, D4)		+	
3.	Total Due		\$	

## INSTRUCTIONS

Complete a worksheet for each month retroactive benefits are to be computed. Asterisked items indicate that the figure appearing beside them will be used in a subsequent computation.

Section I (Transportation Costs). This section must be completed for each vehicle. If the family had more than one vehicle which was used for work, a separate Section I must be completed.

Section II (Other Work-Related Costs). This section must be completed only when other work-related costs are claimed.

Section III (Total Allowable Work-Related Costs). This section must be completed for each claim.

Section IV (Retroactive Payment Computation). The appropriate part of this section (parts A, B, C or D) must be completed for each claim. The appropriate part is determined by the case situation (e.g., case was denied AFDC).

Section V (Interest Computation). This section must be completed for each retroactive payment computed.

Section VI (Case Reconstruction). This section must be completed for situations in which no case record exists for the aid month.

TRAN	ISPORT	ATION COSTS -	- Complete	Separate.	ly For Eac	h Vehicle		
Vehi	.cle #	Make	/	<u></u> )				
Α.	Dete	rmination of	Percentage	of Work	-Related N	Mileage (WI	<u>RM)</u> 50-010.53	32(Ъ)
	1.	Total Mileag		le by FB		en in this and non-FI		<u>.</u>
	2.	Work-Related	Mileage (	WRM) (Inc	clude only	employed	FBU members)	j <b>:</b>
		a. When WRM	i in Claim individua	Month is	Unusually	Low (Comp	lete for eac mileage in t	:h
		Employee	Actual _WRM	Usual WRM	to Unava	Low Due ilability Car	WRM to be Used for Green	
					Yes (Use Usual WRM)	No (Use <u>Actual</u> WRM)		
				<u></u>	_  _	<u>                                     </u>	<del>- ; ; ; -</del>	
					_		***************************************	
	•					11	+	
					WRM	i This Sect	ion	Personal Section Cont.
		b. When WRM employed this veh	individua	Month <u>Not</u> 1 who doe	Unusualles not rep	y Low (Com oort unusua	nplete for ea	.ch :age i
		Employee			Actu	ial WRM		
			<del></del>		+	<del>,</del>		
			<del></del>					

						Mon Ve	th/Yea hicle	r: #:		
	C,	2(a)	+ 2	!(b)		***	Total	WRM	2(c)	
3.	Tota	1 WRM (2	(c))	*	Total N		<b></b>	% WRM	(	I A 3)
Deter	rmina	tion of T	otal Tran	sportai	tion Co	sts (I	nclude	only co	sts pai	d by
1.	-		of Costs		than (	Sasolin	e			
			Amount C					Amount	Allowe	<u>d</u>
	<del></del>	····			\$			\$		_
							· · · · · · · · · · · · · · · · · · ·			
					-					<del>-</del>
	<del></del>				<u></u>					<del>-</del>
					-			· · · · · · · · · · · · · · · · · · ·		<del></del> -
						T	otal	\$		l(a)
	a.	Complete or the cospecified	this sectents/gallo	tion whom paid 10.522. allowe	en eit l for g The	asoline	e is wi	thin the	e amount asoline	is in
		Employee	Total	nt Clai <u>Cents</u>						ount lowed
				_						
			\$	<u> </u>					\$_	
		<u> </u>	\$	<u>¢/</u>					+_	
							ble Ga This S	soline ection	Ś	

				Monen/	rear:		
				Vehic	le #:		
	b.	Complete this so or if the cents, specified in 50	/gallon claimed	ts for a	gasoline are <u>not</u>	provided nts Amount Allowed	
Employee		ć <b>.</b>					
		Total Claimed	Cents/Gallon	Number	of Gallons		
		No. of Gallons	x Cents/Gal. in 50-010.522	1466	Allowable Gasoline Cost	\$	
Employee		\$+		Name of the Control o	•		
		Total Claimed	Cents/Gallon	Number	of Gallons		
		No. of Gallons	x Cents/Gal. in 50-010.522	<b>18</b>	Allowable Gasoline Cost	+	ı
					Allowable Gasoline Costs This Section	\$	2(b)1
	c.	Grand Total Gas	coline (2(a)1 pl	us 2(b)1	) <b>-</b>	\$	2(c)
3.	(ot	nsportation her than gas) (a) above	Gasoline Costs B(2)(c) above	<b>100:</b> 	I	ŞTotal	IB3

Dete	rmination of Net Allowable Work-Relate	d Transportation	Costs	50-010.532
1.	Total Transportation Costs (I B 3)	\$		
2.	Multiplied by Percentage WRM (I A 3)	X		
3.	Minus Contributions	***		
4.	Green Work-Related Transportation Costs		\$	<b>;</b>
	If originally denied aid or if earned income not used in original grant computation, do not complete 5-7 below.			
5.	Green Work-Related Transportation Costs (4 above)	\$		
6.	Minus Amount Originally Allowed for Transportation	_		
7.	Net Allowable Work-Related Transportation Costs		\$	1

OTH	ER WOR	K-RELATED COSTS (Excluding Tr	cansportation)	
Ä.	Tran	rmination of Net Allowable Of sportation Costs) Include of 10.52, .533	ther Work-Related Cos aly costs paid by emp	sts (excluding ployed FBU members.
	1.	Type of Cost Amount Claimed	Amount Disallowed	Amount Allowed
		\$	\$	\$ .
		Total §		\$
	2.	Amount Allowed (A l(a))	\$	
	3.	Minus Contributions		
	4.	Green Other Work-Related Costs		\$
		If originally denied aid or earned income not used in or grant computation, do not of 5-7 below.	riginal	
	5.	Green Other Work-Related Co	osts \$	
	6.	Minus Amount Originally All for Other Work-Related Cost	owed:s =	
	7.	Net Allowable Other Work-Re	elated	\$

					Month/Year:	
III.	TOTA	AL ALLOWABLE	WORK-RELATED C	OSTS		
	A.		rt C(4) or C(7)		ransportation Costs (Fr is completed, the amoun	
		Vehicle #1	\$			
		Vehicle #2	+	make and the same		
		Vehicle #3	+			
					Net Allowable Work- Related Transportatio	\$ n
	В.				ated Costs (From "Other is completed, the amoun	
						\$
	C.				Total Allowable Work-Related Costs (Sum of A and B above	<u>\$</u> _*

Α.	For	Cases Denied AFDC Due to Excess Income 50-010	).535(a)	
	1.	Gross earned income for all family members	\$	
		a. Minus 30 and one-third	**************************************	
		b. Minus mandatory deductions	**************************************	
		c. Minus total allowable work-related costs from "Total Allowable Work- Related Costs," Line C		
		d. Minus child care		
		e. Net Earnings	\$	
	2.	Plus unearned income for all family members	\$ <u>+</u>	
	3.	Minus child support paid	\$ <u>-</u>	
	4.	Net nonexempt income: A 1(e) plus 2 minus 3	\$	
	5.	a. Maximum aid payment for number		\$
	•	b. Minus net nonexempt income		

		Month/Year:	
ROACTI	VE P.	AYMENT COMPUTATION	
В.	For	Cases Who Received A Grant (50-010.535(b))	4
	1.	Total Allowable Work-Related Costs from "Total Allowable Work-Related Costs," Line C	; <b>\$</b>
	2.	Original Net Earnings Figure Used to Compute Grant In Aid Month	\$
	3.	Retroactive Payment (The Lesser of A above or B above)	\$

.

				Month/Year:	
RETROACT	IVE PA	YMENT	COMPUTATION		
С.	For	Cases	Claiming Solely to Have an Ove	rpayment Recalculate	<u>d</u> 50-010.535(c)
	1.	Orig:	inal Overpayment Amount	\$	
	2.		t Considering Allowing <u>Green</u> rk-Related Costs		
		а.	Gross Earned Income of All Fam Members	11y \$	
			(1) Minus \$30 and one third	-	
			(2) Minus Mandatory Deduction	S	
			(3) Minus Total <u>Green</u> Work- Related Costs Section I C plus Section II A 4)		
			(4) Minus Child Care	-	
			(5) Net Earnings	\$	
		b.	Plus Unearned Income for All Family Members	\$ <u>+</u>	
		С.	Minus Child Support Paid	\$ <u>-</u>	
		đ.	Net Nonexempt Income	\$	
		e.	Maximum Aid Payment for number	\$	
		f.	Minus Net Nonexempt Income	***	
		g•	Grant that Should Have Been Pa	aid	\$
		h.	Grant that was Originally Paid	1	\$

CONTINUED ON NEXT PAGE

				Month/Ye	ear:	
RETROACTI	VE PA	AYMENT	COMPUTATION			
С.	For	Cases	Claiming Solely	to Have an Overpayment	Recalculated	50-010.535(c)
	3.	a.	If Line 2(h) is	greater than Line 2(g)	<b>:</b>	
			Line 2(h) Line 2(g)	\$		
			Original Overp (Line 1)	ayment		\$
			Green Overpaym	ent (above)		****
			Retroactive Pa	yment		\$
	OR				,	
		<b>b</b> •	If Line 2(g) is	greater than Line 2(h)	:	
			Line 2(g)	\$	and developed the second secon	
			Line 2(h)	Green Underpayment	vyskie vyskie vyskie da skiednie 1950 de skie	\$
				Plus Original Overp	ayment Amount	+
				Retroactive Payment		\$

					Мо	nth/Year:	
ACTIV	VE P	AYMEN'	с сом	PUTATION			
D.	For	Cases	in	Which an Overpayment	for the Ret	roactive Perio	od is Be
	New	ly Con	pute	1 50-010			
	1.	0ver	paymo	ent Considering Actu	al Work-Rela	ted Costs	
		а.		ss Earned Income of	All Family	\$	Mirror.
			(1)	Minus \$30 and one-	third	tern	<del></del>
			(2)	Minus Mandatory De	ductions	<del></del>	<b>S</b> <sup>Nedo</sup> m
			(3)	Minus Total Allowa Related Costs from Allowable Work-Rel	"Total		
				Costs," Line C		140	<del></del>
			(4)	Minus Child Care			···
			(5)	Net Earnings		\$	<del></del>
		b.		Unearned Income fo mily Members	r All	\$ <u>+</u>	_
		C.	Minu	s Child Support Pai	đ	\$ <del></del>	
		d.	Net	Nonexempt Income		\$	<u></u>
		е.	Maxi	mum Aid Payment for	number		\$
		f.	Minu	s Net Nonexempt Inco	ome (d above)		
		g.	Gran	t that Should Have 1	Been Paid		\$
		h.	Gran	t that was Original	ly Paid		\$
2	2.	If Li	ne 1	g is greater than I	Line 1 h:		
					Line 1 g Line 1 h	\$	ua- ua-
		Retro	acti	ve Payment			\$
		If Li	ne l	h is greater than I	ine l g:		
					ine 1 h ine 1 g	\$	-
		0verp	2 37m *	nt.			į.

V. INTEREST COMPUTATION 50-010.54

A. Retroactive Payment Amount

\$\_\_\_\_\_

B. Date Retroactive Payment Authorized

mo. day year

Aid Month/Year

B(1) above

mos. days years B(1)

C. Percentages to be Applied to Retroactive Payment

1.  $\frac{x \cdot 0058}{\# \text{ mos. in}}$ 

D. Interest Computation

1. x = \$ Retroactive Payment (A above)

2. x = + % in C(2) above Retroactive Payment (A above)

3. x = + Retroactive Payment (A above)

4. \$\_\_\_\_Interest Due\*

			Month/Year: _	
CASI	E REC	ONSTRUCTION		
Α.	Gros	ss earned income for all family members	\$	
	1.	Minus \$30 and one-third		
	2.	Minus Mandatory Deductions		
	3.	Minus Work-Related Transportation Costs		
		WRM		
	4.	Minus Other Work-Related Costs	<u></u>	
	5.	Minus Child Care		
	6.	Net Earnings	\$	
В.	Plus	Unearned Income for All Family Members	\$ <u>+</u>	
С.	Minus Child Support Paid		\$ <b>-</b>	
D.	Net Nonexempt Income A(6) plus B minus C \$		\$	
E.	1.	Maximum aid payment fornumber		\$
	2.	Minus Net Nonexempt Income (D)		•
	3.	Grant Amount		\$